## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030099 US

As a below named inventor, I h	ereby declare that:				
My residence, post office address and citizenship are as stated next to my name.					
plural names are listed below) entitled: "LOSSLESS DATA	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "LOSSLESS DATA EMBEDDING" the specification of which (check only one item below):				
is attached hereto.					
was filed as United States a	pplication				
Serial No					
on			_		
and was amended					
on					
🕱 was filed as PCT internation	nal application				
Number <u>PCT/TB2004/05005</u>	0				
on					
and was amended under PCT Article 19					
on (if applicable).					
I hereby state that I have review claims, as amended by any am		nts of the above-identified specificati	ion, including the		
I acknowledge the duty to discle Title 37, Code of Federal Regu		rial to the examination of this applica	tion in accordance with		
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	03075226.5	23 January 2003	YES		
-					
		DEDARTMENT OF COMMERCE Paten			

	Combined Declaration' For Patent Application and Power of Attorney (Continued)  Attorneys Docket Number  PHNL030099 US						
				the following attorney(s) and/o . (List name and registration n		secute this application and transact	
Micha	Jack E. Haken, Reg. No. 26,902  Michael E. Marion, Reg. No. 32, 266  Edward M. Blocker, Reg. No. 30,245  Direct Telephone Calls to: (name and telephone number) (914)332-0222						
)	FULL NAME OF INVENTOR			FIRST GIVEN NAME Antonius		SECOND GIVEN NAME Adrianus Cornelis Maria	
201	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>		STATE OR FOREIGN COUR The Netherlands	VTRY /	COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY  The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME WILLEMS		FIRST GIVEN NAME Franciscus		SECOND GIVEN NAME  Maria Joannes	
202	RESIDENCE & CITIZENSHIP	TOFFICE POST OFFICE ADDRESS		STATE OR FOREIGN COUNTRY The Netherlands CITY 5665 EB Geldrop		COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS					STATE & ZIP CODE/COUNTRY  The Netherlands	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202					
DATE 19 August 2004			DATE				

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U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030099 US

As a below named inventor, I hereby declare that:					
My residence, post office address and citizenship are as stated next to my name.					
plural names are listed below) of entitled: "LOSSLESS DATA	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "LOSSLESS DATA EMBEDDING" the specification of which (check only one item below):				
is attached hereto.					
was filed as United States a	pplication				
Serial No					
on					
and was amended					
on					
was filed as PCT internation	al application				
23 January 2004	<del></del>				
and was amended under PCT	Article 19				
on (if applicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to discle Title 37, Code of Federal Regul		rial to the examination of this applicati	on in accordance with		
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLIC	ATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	03075226.5	23 January 2003	YES		
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		n' For Patent Applic T International Application		er of Attorney (Continued	d)	Attomeys Docket Number PHNL030099 US	
POW!	ER OF ATTORNE iness in the Patent a	Y: As a named inventor and Trademark Office co	, I hereby appoint nnected therewith	the following attorney(s) and/o . (List name and registration no	r agent(s) to pro umber)	secute this application and transact	
Micha	E. Haken, Reg. No ael E. Marion, Reg rd M. Blocker, Re	g. No. 32, 266			Direct Telephor (name and tele (914)332-02	phone number)	
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	KALKER		Antonius		Adrianus Cornelis	
						Maria	
201	RESIDENCE &	CITY		STATE OR FOREIGN COUN	NTRY	COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Eindhoven		The Netherlands		The Netherlands	
	POST OFFICE	POST OFFICE ADDR		CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS	Prof. Holstlaa	n 6	5656 AA Eindhoven		The Netherlands	
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	
ノ	INVENTOR WILLEMS			Franciscus		Maria Joannes	
202	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Geldrop		The Netherlands		The Netherlands	
	POST OFFICE	POST OFFICE ADDR	ESS	CITY	_ /	STATE & ZIP CODE/COUNTRY	
	ADDRESS	Heidezoom 1		5665 EB Geldrop		The Netherlands	
true: a	nd further that these	statements were made ler section 1001 if Title 1	with the knowledg	e that willful false statements a	and the like so m	ormation and belief are believed to be lade are punishable by fine or is may jeopardize the validity of the	
SIGNA	TURE OF INVENTO	OR 201	SIGNATURE OF	INVENTOR 202			
			70				
DATE	DATE						

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

PTC/SB/80 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
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Practitioners associated with the Customer Number: 24737	I hereby revoke all 37 CFR 3.73(b).	previous powers of attorney g	iven in the applica	ation identified	in the attached state	ement under
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name					<del></del>	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	X Practitioners ass	ociated with the Customer Number:	247	37		
as altorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:				- · · · · · · · · · · · · · · · ·		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:	Practitioner(s) na	med below (if more than ten patent p	ractitioners are to be r	named, then a cust	omer number must be u	sed):
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    Year   The address associated with Customer Number:   24737   24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737   24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737   24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737   24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737   24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737   24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737     24737   24737     24737     24737     24737     24737     24737     24737		Name		N	lame	
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    X	any and all patent appli	ations assigned only to the undersign	e the United States Pa ned according to the U	atent and Tradema JSPTO assignment	rk Office (USPTO) in co t records or assignment	nnection with documents
The address associated with Customer Number:    24737						
OR    Firm or   Individual Name   Address	Please change the com	espondence address for the application	on identified in the atta	ched statement un	nder 37 CFR 3.73(b) to:	
OR    Firm or   Individual Name   Address	X The address	anne interd with Contour as North an	2473	7		
City State Zip  Country  Telephone Fax  Assignee Name and Address:  KONINKLIJKE PHILIPS ELECTRONICS N.V.  Groenewoudseweg 1  5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,	11115 4547	issociated with Customer Number.		·		
Assignee Name and Address:  KONINKLIJKE PHILIPS ELECTRONICS N.V.  Groenewoudseweg 1  5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,				<u> </u>		
Country  Telephone  Fax  Assignee Name and Address:  KONINKLIJKE PHILIPS ELECTRONICS N.V.  Groenewoudseweg 1  5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,						
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and must identify the application in which this Power of Attorney is to be med.					act on behalf of the	assignee,
SIGNATURE of Assignee of Record	and most identity u					
The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature Date 14 January 2005	ry 2005					
Name Michael E. Marion Telephone (914) 333-9637	Name Micha	el E. Marion			Telephone (914)	333-9637
Title Authorized Representative  This collection of information is required by 37 CFR 1.31 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and						

Inis collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

c'd PCT/PTO 20 JUL 2005

PTO/SB/96 (08-03)
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STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Koninklijke Philips Electron	ics N.V.			
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently			
Entitled: LOSSLESS DATA EMBEDDING				
Koninklijke Philips Electronics N.V. (Name of Assignee)	, a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is:  1.  the assignee of the entire right, title, and interest the assignment of the entire right.	terest; or			
2.  an assignee of less than the entire right, titl The extent (by percentage) of its ownership in the patent application/patent identified above b	o interest is ———— %			
A. [ ] An assignment from the inventor(s) of the pin the United States Patent and Trademark attached.	patent application/patent identified above. The assignment was recorded Office at Reel, Frame, or for which a copy thereof is			
OR				
B. [ ] A chain of title from the inventor(s), of the p below:	atent application/patent identified above, to the current assignee as shown			
1. From: ————————————————————————————————————	To: —			
	United States Patent and Trademark Office at, or for which a copy thereof is attached.			
	То:			
The document was recorded in the	United States Patent and Trademark Office at, or for which a copy thereof is attached.			
3. From:	To:			
The document was recorded in the Reel, Frame	To: United States Patent and Trademark Office at, or for which a copy thereof is attached.			
[ ] Additional documents in the chain o	f title are listed on a supplemental sheet.			
	signment document or a true copy of the original document) accordance with 37 CFR Part 3, if the assignment is to be			
The undersigned (whose title is supplied below) is	-			
101) 15, 600	Steven Petersen, Reg. 31,287			
Date (914) 333-9640	typed or of inted name			
Telephone number	Signature			
•	Corporate Counsel			
	Title			

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.